System Transformation Initiatives: Employment

Strategic Planning Group

July 17, 2007

Overview of Day

- Orientation
  - To strategic planning process
  - To today
  - To materials
- Brief review of conference survey results
- Series of discussions on each of the five areas of innovation
  - Initiated by brief review of issue and background

Overview to Strategic Planning Process

- WIMIRT has been asked to make recommendations to the MHD informed by
  - Review of literature and consultation with national and local experts
  - Stakeholder input
- WIMIRT will be using a modified Delphi consensus model for stakeholder input
  - Iterative process
  - Alternating between individual and group input

Schedule of Delphi Stakeholder Process

- Individual opinion were gathered through key informant interviews (and will continue over summer)
- This meeting is the start of group input
- Following meeting – each SPG member will be asked to provide individual feedback

Schedule of Delphi Stakeholder Process

- Group and individual feedback will be organized
- Voluntary task groups of SPG members will meet once each with WIMIRT to process feedback
- SPG will provide group feedback in e-group/ listserv process addressing
  - Areas of potential consensus
  - Areas where options exist and choices will be needed

- WIMIRT will create initial outline of goals and recommendations
- SPG members will provide individual feedback
- If needed, phone conference of SPG will be scheduled for group to address key remaining issues
- WIMIRT will make recommendations to the MHD including stakeholder input

SPG member roles

1. Participate in today's discussion
2. Respond to on-line survey
3. *If have time and interest*, participate in 1-2 task force groups which will each meet by phone conference then by email
4. Participate in e-group discussion in August
5. Respond on-line to initial draft of goals and recommendations
6. Participate in 1-2 conference calls in Sept - if key issues need further input

Conference Survey

- Definition of employment
  - Competitive employment
  - Work that provides job satisfaction to that consumer
  - Competitive employment at 20 hrs/week
  - Competitive employment at 10 hrs/week

Conference Survey

- Definition of success
  - All who want to work are working
  - 25%, 50%, and 70-75%
  - Services available to everyone who wants/Number of SE slots available
  - Half the mainstream population rate

Conference Survey

- Which interventions
  - SE/IPS got most votes
  - Consumers choose from an array of options
- Others mentioned
  - Clubhouse/transitional employment
  - Patient navigators
  - Short pre-voc classes then work
  - Youth programs
  - Benefits counseling
  - Education/supported education
  - Consumer run services
  - Job coach

Conference Survey – Other Issues

- Expand Healthcare for Disabled Workers and Basic Health
- Focus on normalization
- Include family in the process
- Include co-occurring disorders
- MHD/governor sends acknowledgement to consumers working 6 months
- Address lack of funding
- Support staff to decrease burnout

Areas of Innovation

1. Definitions
   - Successful employment (for a consumer)?
   - Successful employment rate(s) (for WA state)?
2. How to change the culture to support employment for mental health consumers?
3. In which employment interventions does WA state want to invest?
   - What strategies in addition to specific employment interventions should also be implemented?
4. How shall training and technical assistance (TA) be provided?
5. Maximizing disability benefits and work incentives?

Four Steps

1. What is the current situation or baseline state in Washington state?
2. What is our goal or articulation of the desired future?
3. To meaningfully make these changes, what needs to be considered? What is the reality we need to take into account? What have we learned from the past?
4. Strategies to recommend which are both short term and long term and reflect financing, other policy changes, collaboration, and sustainability

Definition of Employment

- The employment rated for non-crisis MHD consumers in FY-2005 was 9.5%, down from 11.9% in FY-2003.
  - In FY-2005, 7.4% maintained, 2.0% lost, and 2.1% gained employment.
  - In FY-2003, 9.3% maintained, 2.2% lost, and 2.6% gained employment.

Definition of Employment

- Current WA MHD definition of employment :
  - Employment Full-time (35 hours or more paid employment per week)
  - Employment Part-time (Less than 35 hours paid employment per week)
  - Supported Employment
  - Employed sheltered workshops, onsite at SE or other treatment agency offices
  - Volunteer work (1 or more hours per week volunteer work)
  - Retired
  - Not Employed

Definition of Employment

- According to Key Informants
  - WA state employment-focused stakeholders
    - Competitive employment for at least minimum wage (for any number of hours) is the standard
  - Other WA stakeholders
    - also included sheltered work, under the table work, volunteering, vocational training, and school
  - Some WA state stakeholders raised the issue of whether one definition of employment is effective

Definition of Employment

- Employment is defined in five different ways in the published mental health literature:
  - competitive employment
    - supported employment
    - independent employment
  - transitional employment
  - W2 tax reporting and/or eligibility for unemployment payments
- Living wage employment is a standard being addressed in other employment areas (In Washington in 2005, $11.16/hour full time or $23,200/year for single adult)

Definition of Employment

- A single definition of employment may be insufficient – could have nested definitions
  - For example
    - Competitive Employment
    - If so, higher standards tracked such as
      - At least 20 hours per week
      - Reported to IRS via W2 or self-employment
      - Living wage income
      - Exited psychiatric disability cash benefits

Definition of Washington State success

- Several definitions might be useful here as well, e.g.
  - 30% of Mental Health Consumers and Youth in Transition competitively employed
  - 50% of Mental Health Consumers and Youth in Transition who express interest in employment employed
  - All Mental Health Consumers and Youth in Transition who want employment given employment assistance
  - 20% of Mental Health Consumers and Youth in Transition transition off psychiatric disability to living wage employment

Possible Goals or Desired Outcomes

- A standard definition of employment is employed across the state.
- A standard definition of a successful employment rate of mental health consumers and youth employed across the state is employed.

Reactions to these goals?

Outcome Definitions

- Successful employment of a consumer will be defined as _____
- A successful rate of employment for WA state is defined as _____

What definition(s) make sense? What needs to be considered?

How do the WA state systems which interact with mental health consumers change their culture from "going to work may be destabilizing for a consumer" and "most consumers are not capable of competitive or living wage employment"

"unemployment is bad and everyone who wants to should be helped to find a job"?

Interviews with Consumers

- A study using qualitative interviews with consumers who have and have not achieved employment noted several key themes
  - low expectations that professionals and family had for their ability to work including blanket statements that the disabled individual would not work again
  - being discouraged from pursuing post-high school education or training and encouraged to stay in low-skill jobs so as not to risk relapse
  - Few conversations about long-term career building with their vocational specialists despite the individuals' interest in doing so.
  - Clinicians and family appeared to ignore the possibility that the stress of poverty may be greater than the stress of work

Interviews with Consumers

- Those who had succeeded in finding and keeping competitive employment said
  - A key factor was a believable long-term strategy.
  - They received positive messages concerning their future potential, resisted negative messages, and formed relationships with others who also resisted the negative messages.
  - They had access to education or training.
  - They received encouragement from family members, teachers, or employers and had a collaborative relationship with a mental health professional and peer and community supports.

Leadership is Important

- Connecticut MH vision statement
  - "Giving back to one's community, whether through employment or some other form of productive activity, is both a right and a responsibility of citizenship."
  - "[MH] must make a concerted effort… to promote employment not just as a meaningful way to occupy one's time, but also as a potential vehicle through which to leave behind one's disabled role and the life of poverty that accompanies it"
- National experts and successful program directors highlighted that the negative culture of an agency can be more of a problem than lack of dollars in moving employment forward

Issues to Consider

- Consumer and family employment values are diverse (urban/rural, ethnic groups, age, gender, parenting) and interventions need to build on the strengths of each environment and consumer's situation
- How to ensure that employment is a major focus of treatment throughout MHD funded services
- How convince MH/VR providers about the value of employment for consumers currently experiencing symptoms or abusing alcohol or drugs?
- How to work with other efforts to address stigma?

Possible Goals or Desired Outcomes

- All services with which consumers interact (e.g. MHD, DVR, Workforce, etc) behave on the basis that employment is an expected part of adult consumers' lives (although a consumer with reason not to pursue employment as part of recovery will also be respected).

- The mission statements, regulations, contracts, and other documentation of agencies/administrative programs providing services to mental health consumers and to employers reflect an expectation that consumers with mental illness will want to work and therefore include supports to help them do so.

Reactions to these goals?

Reactions to These Goals:

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- The mission statements, regulations, contracts, and other documentation of agencies/administrative programs providing services to mental health consumers and to employers reflect an expectation that consumers with mental illness will want to work and therefore include supports to help them do so.

What strategies would we recommend?

- Financing
- Policy changes
- Coordination between agencies
- Issues of sustainability

What needs to be considered?

  - What is the reality we need to take into account?
  - What have we learned from the past?

In which employment interventions does WA state want to invest?

What strategies in addition to specific employment interventions should also be implemented?

Currently in WA state

- Two interventions (Supported Employment and Clubhouse) are required by RSN contract for each enrollee when they are medically necessary.
- The state-RSN contracts also require the RSN to develop an allied system coordination plan with DVR.
- Successful programs exist around WA state which use different models
  - Supported Employment (majority of programs)
  - Clubhouse (second most frequent)
  - Transitional employment, sheltered employment
  - Peer Support
  - Consumer-Run businesses
  - Dialectical Behavior Therapy (for those with borderline personality disorder)

Currently in WA state

- Employment services have been decreasing in recent years for several reasons including
  - In 1993, a legislative proviso mandated state mental health funding to DVR to improve employment outcomes for mental health consumers. This was discontinued in 2000.
  - DVR in "order of selection".
    - Over the past two years, DVR has reduced the waitlist substantially
  - General mental health funding cuts.

Funding Issues

- Lack of sufficient funding is directly impacting providers ability to implement or continue a sufficient employment program.
- Employment funding has tended to "take a backseat" to other needs, such as crisis and outpatient care.
- Common cause of funding difficulty has been a lack of diversity in funding sources.
  - 41% suggested some variation of setting up a long-term, stable, dedicated funding stream directly for employment programs.
  - Other funding sources suggested were dedicated state-only funds, and an allocated part of the state budget
  - 17% of respondents suggested a reduction in paperwork or bureaucracy to help with overhead costs.
  - Several participants also suggested evaluating the current structure of the case management system.

Funding Issues

- Current funding streams
  - Medicaid/RSN
  - Federal Block Grant
  - State Only funds
  - DVR
  - Medicare
  - private insurance
  - self-pay
  - Workforce Board
  - Dept of Commercial Services
  - DASA
  - Five counties in Washington State passed a .01% increase in sales tax, the money from which assisted in funding mental health services

Other Key Informant Suggestions

- Reform in the short term approach of the VR system regarding consumer placement and long-term support.
- Integration of employment and housing services, particularly obstructing the decline from unemployment to homelessness.
- If outcome-based benchmarks be implemented to measure employment programs, program finances should be tied to these measures.

National Approaches

- Financing options for employment models
  - Ongoing funding stream dedicated to employment
  - Specific funding code for employment services within current funding streams
  - Start-up funding options/grants (e.g. RFP for start-up funding for motivated agencies or RSNs)(funding for this found through MIG, grants, etc.)
  - Outcome based funding
  - Evidence based practice funding (e.g. additional $ attached to services using EBP)
  - Merging/braiding MHD/VR/Medicaid/state only funding so seamless to provider and consumer
  - Funding based on "penetration rate" of employment services (i.e., more funding to those with higher percent of consumers receiving employment services)
  - Block grant funds as flexible source of support for EBP's not part of the Medicaid plan.
- Other successful strategies employed by states in the Johnson & Johnson – Dartmouth Community Mental Health Program in handout

Reactions to These Goals:

- Consumers have access to 3-5 models that includes Support Employment. Services, training, incentives, and outcomes are shaped accordingly
- Administrative strategies shown to be effective in other states or research studies (e.g. for MHD/VR coordination) are implemented in WA

What strategies would we recommend?

- Financing
- Policy changes
- Coordination between agencies
- Issues of sustainability

What needs to be considered?

- What is the reality we need to take into account?
- What have we learned from the past?

How shall training and technical assistance (TA) from the state be provided?

Current Situation in WA state

- There is no state supported training or TA program for an employment intervention other than benefits counseling. Some RSNs and providers have sought training and TA on their own.
- A common concern among key informants was that some programs might use the tool-kit SE fidelity scales more leniently than others, as the scale relies on self-evaluation.

Training and TA Considerations

- Training and Technical Assistance alternatives
  - Central state roll-out (e.g. current PACT roll-out with selected programs across the state)
  - Limiting training to those with evidence likely to implement model successfully (e.g., those who apply for RFP, those who have an assessment meeting with trainers first and are approved by them…)
  - Train the trainer, i.e. train motivated "early adopters" with plan that staff with teaching skills will be paid part of their time to train other programs.
  - Center(s) of Excellence which are trained to know and train employment interventions across the state. Not necessarily providers running a program – may be at an academic institution or private consultants

Training and TA Considerations

- Who should provide training? Initially? In the long run?
- Many TA experts recommend selection of sites for training and TA based on a needs assessment or review of the site to assure that the will and the infrastructure are there first. (An RFA process can achieve identify early adopters as well.)
- Training in SE has demonstrated that programs can be trained to fidelity in one year.

Training and TA Considerations

- Training and TA could be available on how to evaluate potentially effective programs
  - similar to Transformation Grant consumer mini-grants
  - provide an avenue for existing programs which the local community believes to be effective to demonstrate effectiveness
  - assure that programs using evidence based practices are achieving outcomes comparable to the evidence base

Reactions to These Goals:

- Training and TA is available to agencies developing new programs where they demonstrate the infrastructure and commitment to do so.
- Training and TA is available to help programs sustain functioning programs.
- Training and TA is available to implement administrative and structural strategies (e.g. for MHD/DVR coordination).
- Training and TA is available to evaluate program's employment outcomes either via continuous quality improvement or more structured research methods.

What strategies would we recommend?

- Financing
- Policy changes
- Coordination between agencies
- Issues of sustainability

What needs to be considered?

  - What is the reality we need to take into account?
  - What have we learned from the past?

How do we educate mental health consumers, clinicians, and other agency staff about disability benefits and work incentives?

How can we help maximize these benefits in a way that doesn't give consumers the message that they are incapable of living wage work?

What other supports are needed to assure consumers have the health coverage they need and protection against homelessness if they lose their job?

Current Situation in WA state

- WA state has three somewhat different populations
  - Consumers who want to work but do not want to risk losing their cash benefits (or insurance coverage).
  - Consumers who want to work at a living wage (even if they lose their cash benefits) but don't want to lose their insurance coverage. This includes those who want to remain with their public mental health agency and to leave the public mental health system
  - New consumers to the MHD system who are on GAX and don't have any work incentives so lose cash benefits and health coverage if they work. Frequently encouraged as part of disability application process to refrain from working (by clinicians, CSO staff, attorneys, etc.) until provided federal disability payments.
- Benefits counseling has been implemented through WIMIRT, NAMI and others in recent years.

Psychiatric Disability Figures

- The SSI minimum payment threshold is set below the poverty level.
- Only 8% of those consumers returning to full-time jobs had mental health coverage.
- 35% of SSI and 25% of SSDI are for psychiatric disability
- Between 2003 and 2004, just 0.5% of SSDI beneficiaries had a change in cash benefit status because of employment.
- Between 2000 and 2005, there has been a decrease in the percent of SSI recipients who have earned income from 6.7% to 5.6%.
- Two studies have found that only 28-48% of income earned in competitive employment was available to the individual in total income because of a consequent decrease in other supports

Impact on Consumers

- A qualitative study of individuals receiving psychiatric disability payments found
  - 100% of those on SSDI and the majority on SSI consciously kept their earnings below the level where their benefits would be reviewed
  - consumers expressed fear of losing benefits because the process to apply had been so long and arduous and in some cases resulted in homelessness before benefits were awarded.
- Individuals in this study also reported direct encouragement by clinical and vocational staff to stay in low-level part-time work in order to keep their disability payments.

Impact of Benefits Counseling

- A recent study compared
  - usual care+counseling on Social Security benefits
  - contemporaneous usual care
  - historical usual care comparison group.
- In the two years following
  - those receiving benefits counseling increased their earnings to $1,049-$1,102
  - contemporaneous controls increased only to $651-$653.

Child SSI recipients have particular issues

- Re-determination of eligibility at 18 which uses income earned as a child as part of the decision – discouraging youth to work
- SSI is designed as a permanent disability program which is particularly problematic for youth who often need a temporary program.
- Not all VR services are available to youth (e.g. One-Stop).
- Parents and administrators have unrealistically low expectations for young people's ability to work
- Lack of research information on this population makes policy development difficult.

Issues to Consider

- How can access to supported employment be maintained if consumers want to stay with their agency but no longer qualify for Medicaid services?
- What if they have no benefit (e.g. GAU/GAX don't qualify for Healthcare for Disabled Workers)?
- Consider peer support specialists as benefits counselors

Issues to Consider

- In addition to maximizing consumer benefits, it is important to maximize benefits for providers – Ticket to Work, other VR vendor options…
- And employers
  - Making a workplace accessible → Disabled Access Credit and Barrier Removal Deduction
  - Work Opportunity Tax Credit for hiring specified low income groups that include SSI recipients and those referred from DVR

Reactions to These Goals:

- All consumers are provided benefits training on an annual basis and when they start to seek work.
- All clinicians, VR, and other social service staff and their managers are provided benefits training on an annual basis.
- Healthcare for Disable Workers is expanded to include GAU/GAX recipients to encourage working and prevent disability when appropriate.

What strategies would we recommend?

- Financing
- Policy changes
- Coordination between agencies
- Issues of sustainability

What needs to be considered?

- What is the reality we need to take into account?
- What have we learned from the past?